

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 4-1-06

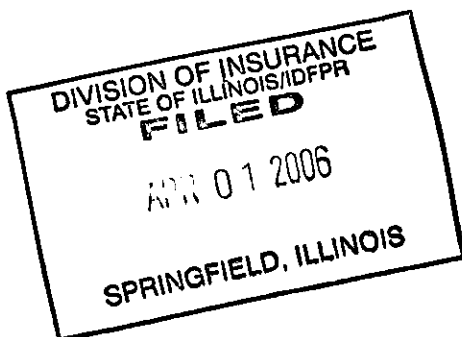
(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$14,864,231	6.6%
Line of Insurance		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt the NCCI changes approved by circular IL-2005-11. We are not changing multipliers.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.


Allied P&C Insurance Company

Name of Company

Marie T. Safreed, State Filing Specialist

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 4-1-06

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$2,542,606	5.8%
Line of Insurance		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt the NCCI changes approved by circular IL-2005-11. We are not changing multipliers.

\*Adjusted to reflect all prior rate changes.

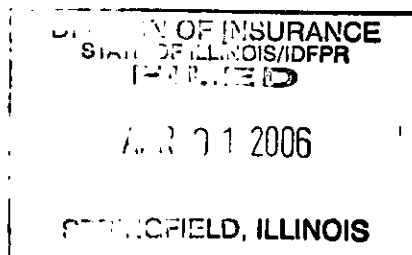
\*\*Change in Company's premium level which will result from application of new rates.

AMCO Insurance Company

Name of Company

Marie T. Safreed, State Filing Specialist

Official - Title



## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/06

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	4,441,210	1.6
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

Adopting NCCI advisory loss costs and rating values effective 3/1/06. \_\_\_\_\_

\*Adjusted to reflect all prior rate changes.

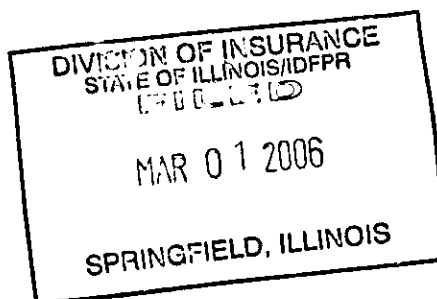
\*\*Change in Company's premium level which will result from application of new rates.

American Guarantee & Liability Insurance Co.

Name of Company

Denise Goode, Secretary

Official - Title



## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/06

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	<u>7,067,347</u>	<u>-0.2</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/ABrief description of filing. (If filing follows rates of an advisory organization, specify organization):  
Adopting NCCI advisory loss costs and rating values effective 1/1/05.

\*Adjusted to reflect all prior rate changes.

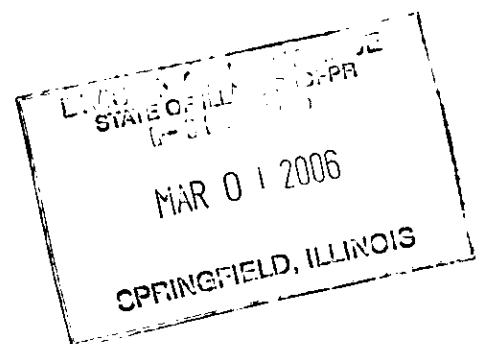
\*\*Change in Company's premium level which will result from application of new rates.

American Zurich Insurance Company

Name of Company

Denise Goode, Secretary

Official - Title



SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective 01-01-06

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$85.00	+6.3%
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

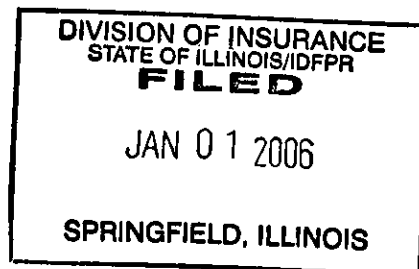
N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Filing revised rates, minimum premiums and miscellaneous values.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.


Ansur America Insurance  
 Name of Company

Alice F. Jaruzel, AIS  
 Commercial Analyst  
 Official - Title

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$10,493,113	+6.3% for industrial classes -11.6% for F-classes
Line of Insurance		

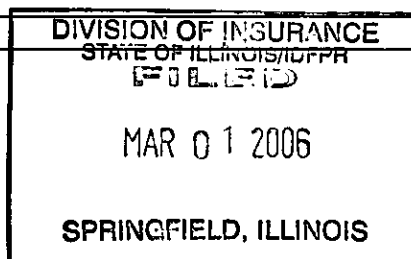
Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Filing to adopt the January 1, 2006 loss costs and rating values as contained in the NCCI Approval Circular Number IL-2005-11.

- \* Adjusted to reflect all prior rate changes.  
 \*\* Change in Company's premium level which will result from application of new rates.



Arch Insurance Company  
 Name of Company

Thomas Leddy, Compliance  
 Analyst

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/06

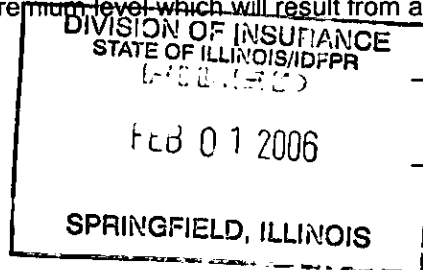
(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp</u> <u>Line of Insurance</u>	2,560,672	<del>N/A</del> + 3.1

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): NCCI - IL-2005-09.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.



Argonaut Great Central Insurance Company  
Name of Company

Kelly R. Mendenhall, CPCU - Analyst  
Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/06

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	567,449	4.1

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
Adopting NCCI advisory loss costs and rating values effective 3/1/06.

\*Adjusted to reflect all prior rate changes.

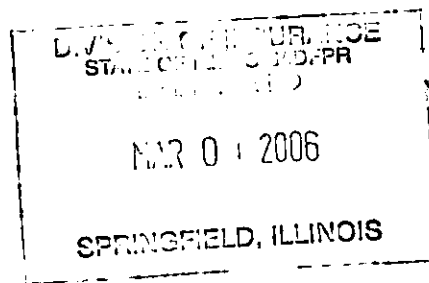
\*\*Change in Company's premium level which will result from application of new rates.

Assurance Company of America

Name of Company

Denise Goode, Secretary

Official - Title



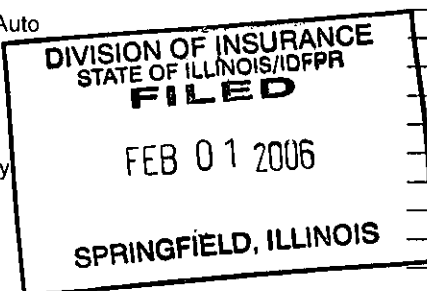


## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective Feb. 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation <u>CY2004 WP</u>	<u>449,223</u>	<u><del>+3.5%</del></u>
16. Other		
Line of Insurance		<u>+ 10%</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify no

Brief description of filing (if filing follows rates of an advisory organization, specify organization) \_\_\_\_\_

WC Rate/Rule filing to increase LCM to 1.48

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Benchmark Insurance Company  
Name of Company

John V. Spain, Director Affinity Programs & Regulatory Relations  
Official — Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 02/01/2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	302,398	5.9%
Line of Insurance		

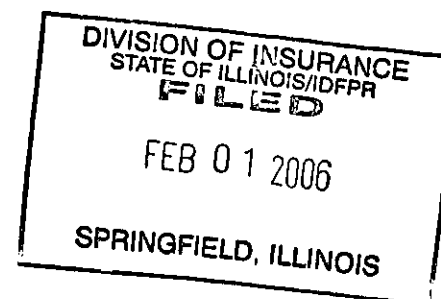
Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_  
 Applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_  
 Adoption of the 1/1/06 loss costs published by NCCI (NCCI Circular # IL - 05 - 11)

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Chubb Indemnity Insurance Company  
 Name of Company  
 Actuarial Officer *[Signature]*  
 Official - Title



## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/06

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>142,043</u>	<u>7.3</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/ABrief description of filing. (If filing follows rates of an advisory organization, specify organization):  
Adopting NCCI advisory loss costs and rating values effective 1/1/05.

\*Adjusted to reflect all prior rate changes.

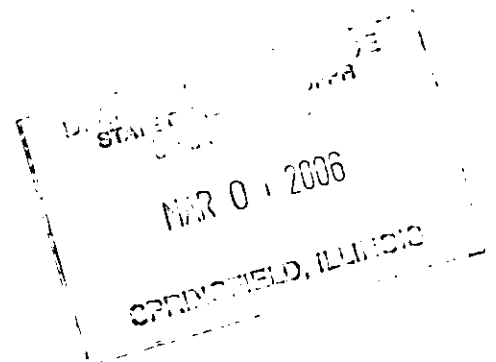
\*\*Change in Company's premium level which will result from application of new rates.

Colonial American Casualty & Surety Company

Name of Company

Denise Goode, Secretary

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 4-1-06

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$94,263	6.6%
Line of Insurance		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt the NCCI changes approved by circular IL-2005-11. We are not changing multipliers.

\*Adjusted to reflect all prior rate changes.

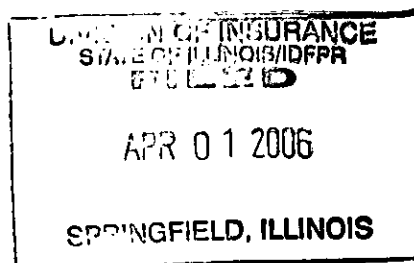
\*\*Change in Company's premium level which will result from application of new rates.

Depositors Insurance Company

Name of Company

Marie T. Safreed, State Filing Specialist

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

02/01/2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	37,043,282	6.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of the 1/1/06 loss costs published by NCCI (NCCI Circular # IL - 05 - 11)

\*Adjusted to reflect all prior rate changes.

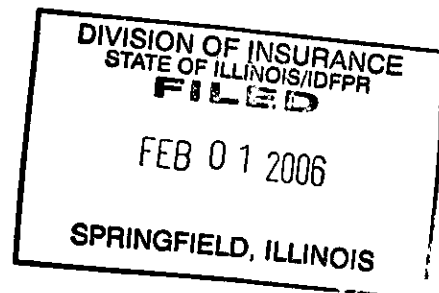
\*\*Change in Company's premium level which will result from application of new rates.

Federal Insurance Company

Name of Company

Actuarial Officer

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/06

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	2,359,957	7.0

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
Adopting NCCI advisory loss costs and rating values effective 3/1/06.

\*Adjusted to reflect all prior rate changes.

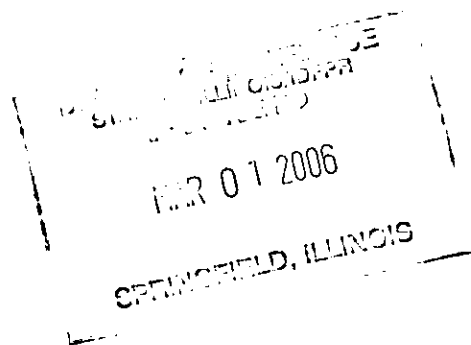
\*\*Change in Company's premium level which will result from application of new rates.

Fidelity and Deposit Company of Maryland

Name of Company

Denise Goode, Secretary

Official - Title



SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective 01-01-06

(1) <u>Coverage</u>		(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Workers' Compensation	\$14,018,894	+6.3%
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

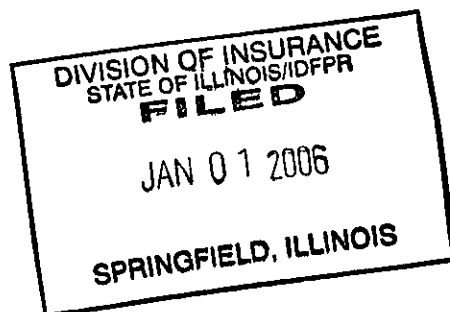
N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Filing revised rates, minimum premiums and miscellaneous values.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Frankenmuth Mutual Insurance

Name of Company

Alice F. Jaruzel

Commercial Analyst

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

02/01/2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	583,184	6.8%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of the 1/1/06 loss costs published by NCCI (NCCI Circular # IL - 05 - 11)

\*Adjusted to reflect all prior rate changes.

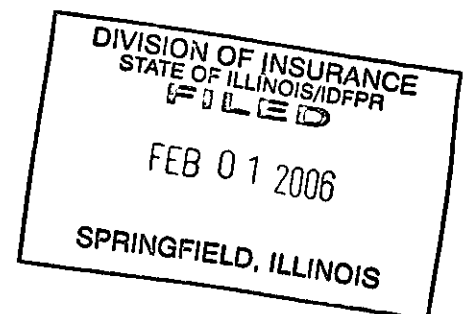
\*\*Change in Company's premium level which will result from application of new rates.

Great Northern Insurance Company

Name of Company

Actuarial Officer

Official - Title





# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 1, 2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Worker's Compensation</u>	3,477	6.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

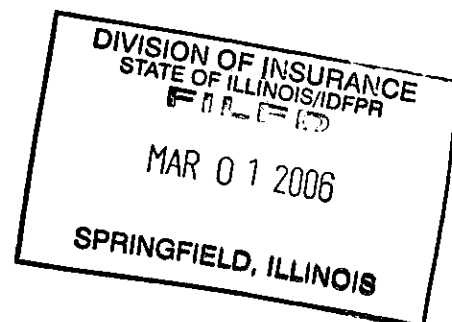
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Loss Costs

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Greenwich Insurance Company  
Name of Company

Patricia Pollard, Senior State Filings Analyst  
Official - Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective May 1, 2006.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>10,208,343</u>	<u>+7.5%</u>
<u>Line of Insurance</u>		

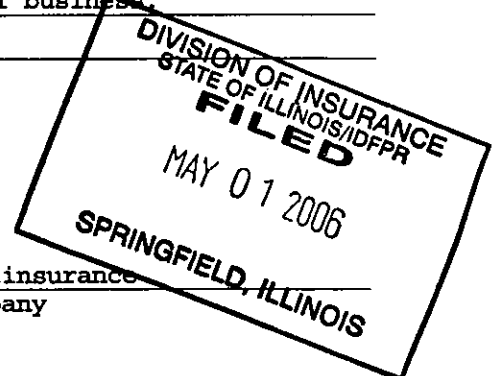
Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization): Adoption of NCCI rates with rating value  
exceptions to be effective May 1, 2006 for new and renewal business.

- \* Adjusted to reflect all prior rate changes.  
\*\* Change in Company's premium level which will  
result from application of new rates.

Grinnell Mutual Reinsurance  
Name of Company

Karen Bethea - Actuary  
Official - Title



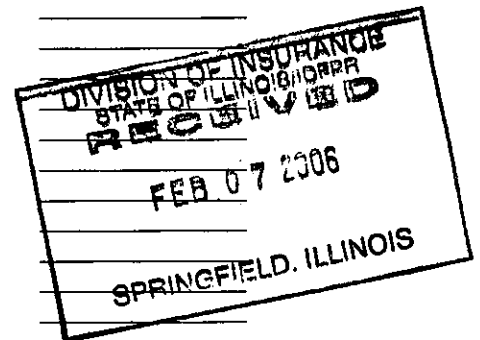
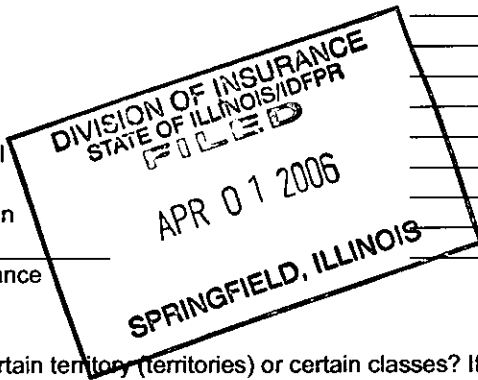
# ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

**April 1, 2006.**

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation		
16. Other		
Line of Insurance	51,815	+6.3%



Does filing only apply to certain territory (territories) or certain classes? If so, specify

**No**

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

**At this time, the Manufacturers Alliance Insurance Company (NAIC #36897) files to adopt the loss costs approved in NCCI's filing #IL-2005-11 for use against our approved 1.920 LCM.**

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

**Manufacturers Alliance Insurance  
Company**

\_\_\_\_\_  
Name of Company

**Linda R. Greer- WC Product Analyst**

\_\_\_\_\_  
Official — Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/06

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	9,422,742	6.6

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
 Adopting NCCI advisory loss costs and rating values effective 3/1/06.

\*Adjusted to reflect all prior rate changes.

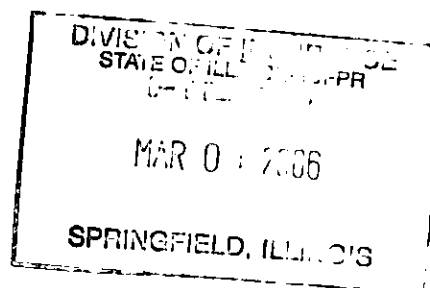
\*\*Change in Company's premium level which will result from application of new rates.

Maryland Casualty Company

Name of Company

Denise Goode, Secretary

Official - Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate revisions effective \_\_\_\_\_

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -) **</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$2,558,426	0.0%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
Adopting NCCI voluntary advisory loss costs displayed in NCCI circular IL-2005-09, with the  
Exception of class code 8304 (Grain Elevator Operations) for which we will file an independent rate  
of 11.56.

\* Adjust to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

STATE OF ILLINOIS  
MAR 01 2006  
SPRINGFIELD, ILLINOIS

Michigan Millers Mutual Insurance Company

Name of Company

Richard A. Rasmussen  
First Vice President

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/06

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	410,328	4.8
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
Adopting NCCI advisory loss costs and rating values effective 1/1/05.

\*Adjusted to reflect all prior rate changes.

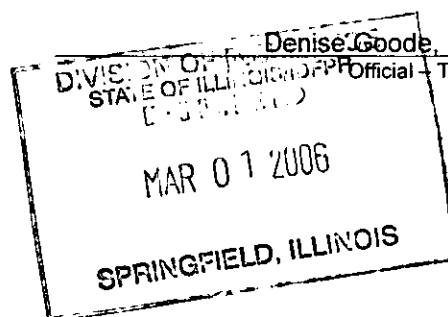
\*\*Change in Company's premium level which will result from application of new rates.

Northern Insurance Company of New York

Name of Company

Denise Goode, Secretary

Official Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

02/01/2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> Line of Insurance	2,627,936	5.3%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of the 1/1/06 loss costs published by NCCI (NCCI Circular # IL - 05 - 11)

\*Adjusted to reflect all prior rate changes.

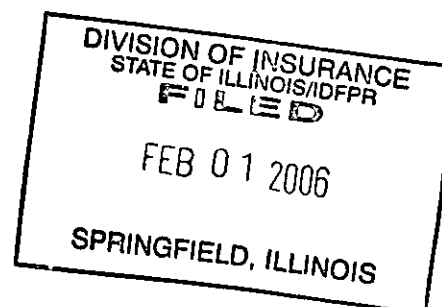
\*\*Change in Company's premium level which will result from application of new rates.

Pacific Indemnity Company

Name of Company

Actuarial Officer

Official Title



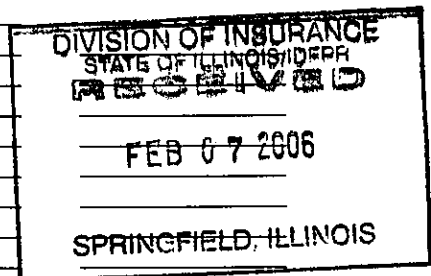
## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

**April 1, 2006.**

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	1,395	+6.3%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

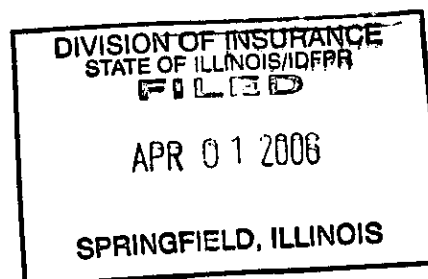
**No**

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

**At this time, the Pennsylvania Manufacturers Indemnity Company (NAIC #41424) files to adopt the loss costs approved in NCCI's filing #IL-2005-11 for use against our approved 1.250 LCM.**

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.



**Pennsylvania Manufacturers Indemnity Company**

Name of Company

Linda R. Greer- WC Product Analyst

Official — Title



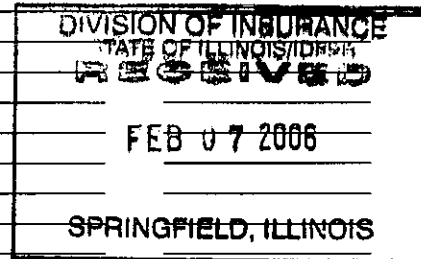
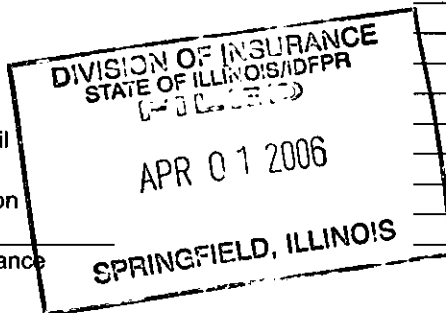
## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

**April 1, 2006.**

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation		
16. Other		
Line of Insurance		



2,623,181

+6.3%

Does filing only apply to certain territory (territories) or certain classes? If so, specify

**No**

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

**At this time, the Pennsylvania Manufacturers' Association Insurance Company (NAIC #12262) files to adopt the loss costs approved in NCCI's filing #IL-2005-11 for use against our approved 1.540 LCM.**

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

**Pennsylvania Manufacturers'  
Association Insurance Company**

Name of Company

Linda R. Greer- WC Product Analyst

Official — Title

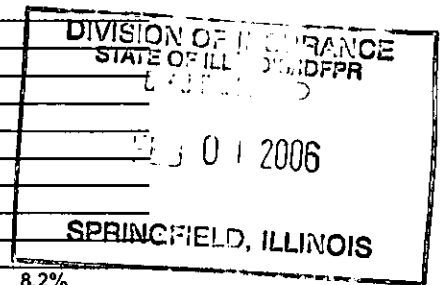
# ILLINOIS SUMMARY SHEET

## FORM RF-3

LOB: Workers' Compensation

Change in Company's premium or rate level produced by rate revision effective February 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change ( + or - )**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	5,179,838	8.2%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
**Filing to adopt the loss costs released in NCCI circular IL-2005-11 using our current loss cost multiplier of 1.799.**

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Universal Underwriters Insurance Company

Name of Company

Terri L. Smith - Governmental Affairs Specialist

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

02/01/2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	2,751,313	8.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of the 1/1/06 loss costs published by NCCI (NCCI Circular # IL - 05 - 11)

\*Adjusted to reflect all prior rate changes.

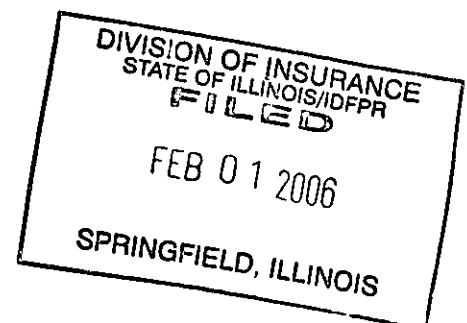
\*\*Change in Company's premium level which will result from application of new rates.

Vigilant Insurance Company

Name of Company

Actuarial Officer

Official Title



SUMMARY SHEETChange in Company's Premium or rate level produced by rate revision effective 3/1/2006

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	56,929,929	6.5%
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

See Cover Letter

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

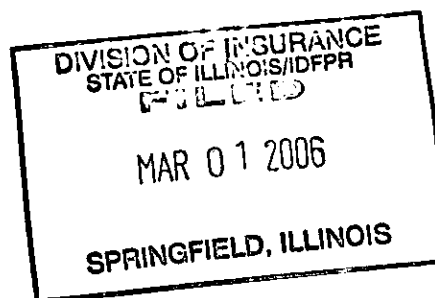
See Cover Letter

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

West Bend Mutual Insurance Company  
Name of CompanyPam Allison, CPCU, AU - Product Development Specialist  
Official - Title

H29219D



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 1, 2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Worker's Compensation</u>	281,598	6.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Loss Costs

\*Adjusted to reflect all prior rate changes.

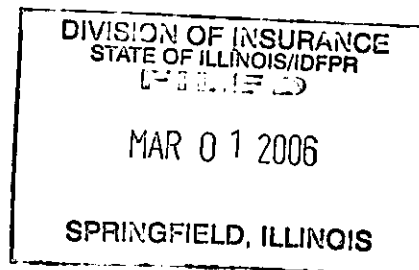
\*\*Change in Company's premium level which will result from application of new rates.

XL Specialty Insurance Company

Name of Company

Patricia Pollard, Senior State Filings Analyst

Official - Title



## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/06

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	155,332,019	3.7
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/ABrief description of filing. (If filing follows rates of an advisory organization, specify organization):  
Adopting NCCI advisory loss costs and rating values effective 3/1/06.

\*Adjusted to reflect all prior rate changes.

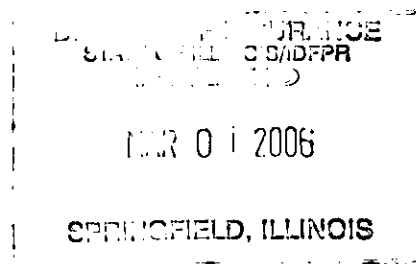
\*\*Change in Company's premium level which will result from application of new rates.

Zurich American Insurance Company

Name of Company

Denise Goode, Secretary

Official - Title



## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/06

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	2,828,019	3.5
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/ABrief description of filing. (If filing follows rates of an advisory organization, specify organization):  
Adopting NCCI advisory loss costs and rating values effective 3/1/06.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Zurich American Insurance Company of Illinois

Name of Company

Denise Goode, Secretary

Official - Title

